

## **Instructions For SWARM Registration**

On June 5, 2006, the Storm Water Annual Reporting Module (SWARM) became the newest addition to the California Integrated Water Quality System (CIWQS). CIWQS is used by the Water Boards to compile water quality data, standardize permits, automate processes, and make data more accessible to Water Boards staff, dischargers, the public, and the US Environmental Protection Agency.

These instructions are for **registration of new SWARM users**.

You must be the **Legally Responsible Person (LRP)** to submit a SWARM report on the behalf of a facility. In the simplest terms, the LRP is the individual that signs the Notice of Intent (NOI) and the Storm Water Annual Report. The LRP is responsible for reviewing, validating and certifying the annual report for accuracy and correctness before it is submitted.

A **Data Submitter** is any individual authorized by the LRP to enter data into SWARM on behalf of the LRP. A data submitter may be other employees, contractors, labs, etc. The LRP is the only individual that can pre-register and authorize Data Submitters.

To register as an LRP and identify a Data Submitter(s), you must mail a completed and signed copy of the attached Authorization form to the Water Board. The LRP must fill out the form completely, sign the letter, and mail the form to:

**CIWQS Registration  
P.O. Box 671  
Sacramento, CA 95812**

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## SWARM REGISTRATION AUTHORIZATION FORM

Please complete the information, sign and return the completed form to the CIWQS Help Center. If additional Responsible Official(s) need to be registered, please replicate as needed.

I, \_\_\_\_\_, certify that I am the legally authorized representative for  
PREFIX, FIRST, MIDDLE, LAST, SUFFIX

\_\_\_\_\_. My signature on this form also certifies that I agree that  
FACILITY NAME  
my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as by a hand-written signature.

I agree that I will protect my electronic signature from unauthorized use, and that I will contact the Water Board, within 24-hours of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person.

Attached to this form is a copy of my organization and facility information, such as the cover page from an issued Order containing the Order number and facility physical address or location (not mailing address).

☐ My contact information is as follows (please print clearly)

Name: \_\_\_\_\_  
PREFIX, FIRST, MIDDLE, LAST, SUFFIX

Mailing Address

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

The Water Board will use this email address to send registration information

☐ SWARM Organization and Facility Information (please print clearly)

Organization Name: \_\_\_\_\_

Facility 1 Name: \_\_\_\_\_

WDID: \_\_\_\_\_

Additional facilities may be entered from within the CIWQS menu after registration.

☐ Legally Responsible Person Signature:

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and the facility identified above to be bound by its terms.

Signed: \_\_\_\_\_

SIGNATURE OF LEGALLY RESPONSIBLE OFFICIAL

Date: \_\_\_\_\_

☐ Mail completed form to:

CIWQS Registration  
P.O. Box 671  
Sacramento, CA 95812

Data Submitters are identified on the following page, which must be attached, or printed, two-sided on the back of this form.

## REGISTRATION FOR DATA SUBMITTERS

A Data Submitter is any individual authorized by the LRP to enter data into SWARM on behalf of the LRO. A data submitter may be other employees, contractors, labs, etc. The LRP is the only individual that can register and authorize Data Submitters.

☐ SWARM Data Submitter Information (please print clearly)

I authorize SWARM Data Submitter accounts to be created for the following individuals. Data submitter accounts will allow these individuals to enter, edit, and delete data associated with the Storm Water Annual Reports for the above facility.

Data Submitter 1

Organization Name: \_\_\_\_\_

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Data Submitter 2

Organization Name: \_\_\_\_\_

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Data Submitter 3

Organization Name: \_\_\_\_\_

Person Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Legally Responsible Person Signature:

I certify that the above information is complete and correct. By signing this registration form, I agree, on behalf of myself and \_\_\_\_\_ to be bound by its terms.

FACILITY NAME

Signed: \_\_\_\_\_

SIGNATURE OF LEGALLY RESPONSIBLE OFFICIAL

Date: \_\_\_\_\_

☐ Mail completed form to:

CIWQS Registration  
P.O. Box 671  
Sacramento, CA 95812